



COUNTY OF FAIRFAX
 Department of Planning and Zoning
 Zoning Evaluation Division
 12055 Government Center Parkway, Suite 801
 Fairfax, VA 22035 (703) 324-1290, TTY 711
www.fairfaxcounty.gov/dpz/zoning/applications

APPLICATION No: SP 2014-DR-104
 (Staff will assign)

RECEIVED
 Department of Planning and Zoning

JAN 08 2014

APPLICATION FOR A SPECIAL PERMIT Zoning Evaluation Division
 (PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME	<u>Shila Behsudi, Academic Center, LLC</u>	
	MAILING ADDRESS	<u>6800 Dillon Ave. McLean, VA 22101</u>	
	PHONE HOME (703) 237-5788	WORK (571) 232-9667	
	PHONE MOBILE (571) 232-9667	EMAIL	<u>AcademicAC@aol.com</u>
PROPERTY INFORMATION	PROPERTY ADDRESS	<u>6800 Dillon Ave McLean, VA 22101</u>	
	TAX MAP NO.	<u>030-4-(171)-0044</u>	SIZE (ACRES/SQ FT) <u>16314 SQ FT</u>
	ZONING DISTRICT	<u>R4</u>	MAGISTERIAL DISTRICT <u>Dransville</u>
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:	<u>N/A</u>	
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION	<u>8-305</u>	
	PROPOSED USE	<u>Home childcare / Tutoring</u>	
AGENT/CONTACT INFORMATION	NAME		
	MAILING ADDRESS		
	PHONE HOME ()	WORK ()	
	PHONE MOBILE ()	EMAIL	
MAILING	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact		

The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.

Shila S. Behsudi (Applicant)
 TYPE/PRINT NAME OF APPLICANT/AGENT

[Signature]
 SIGNATURE OF APPLICANT/AGENT

DO NOT WRITE IN THIS SPACE

Date Application accepted: 6/11/14

Application Fee Paid: \$ 435.00

SP 2014-0008 6/11/14 WRS